


Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **January 1-15, 2005**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 9/15/2004		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	


5. APPLICANT INFORMATION			Organizational Unit:		
Legal Name:			Department:		
County of Sacramento			Regional Parks, Recreation and Open Space		
Organizational DUNS: 16-520-9805			Division: American River Parkway		
Address:			Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street:			Prefix:		
3711 Branch Center Road			Mr.		
City:			First Name:		
Sacramento			Gary		
County:			Middle Name		
Sacramento			Last Name		
State:			Kukkola		
California			Suffix:		
Zip Code			Email:		
95827			gkukkola@sacparks.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):			Phone Number (give area code)		
94-6000529			(916) 875-6283		
			Fax Number (give area code)		
			(916) 875-6632		
8. TYPE OF APPLICATION:			7. TYPE OF APPLICANT: (See back of form for Application Types)		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision			B- County Agency		
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			Other (specify)		
Other (specify)			9. NAME OF FEDERAL AGENCY:		
			NOAA Fisheries		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
11-463			American River Parkway Invasive Plant Management		
TITLE (Name of Program):					
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):					
City and County of Sacramento, CA					
13. PROPOSED PROJECT			14. CONGRESSIONAL DISTRICTS OF:		
Start Date:		Ending Date:	a. Applicant		b. Project
April 1, 2005		March 31, 2007	-5-		-5-
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	100,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$.00	DATE: 1/13/2005		
c. State	\$	101,087.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$	98,913.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$	300,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative			b. Title		
Prefix		First Name	Middle Name		
Mr.		Gary			
Last Name		Suffix			
Kukkola					
c. Telephone Number (give area code)			e. Date Signed		
(916) 875-6283			9/15/2004		
d. Signature of Authorized Representative					
					

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 9/15/2004		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION																								
Legal Name: County of Sacramento		Organizational Unit: Department: Regional Parks, Recreation and Open Space																						
Organizational DUNS: 16-520-9805		Division: American River Parkway																						
Address: Street: 3711 Branch Center Road City: Sacramento County: Sacramento State: California		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Gary Middle Name: Last Name: Kukkola Suffix:																						
Zip Code: 95827		Email: gkukkola@sacparks.org																						
Country: U.S.A.		Phone Number (give area code) (916) 875-6283																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000529		Fax Number (give area code) (916) 875-6632																						
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) B- County Agency Other (specify)																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-463 TITLE (Name of Program):		9. NAME OF FEDERAL AGENCY: NOAA Fisheries																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City and County of Sacramento, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: American River Parkway Invasive Plant Management																						
13. PROPOSED PROJECT Start Date: April 1, 2005 Ending Date: March 31, 2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant -5- b. Project -5-																						
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>100,000⁰⁰</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>⁰⁰</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>101,087⁰⁰</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>⁰⁰</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>98,913⁰⁰</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>⁰⁰</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>300,000⁰⁰</td> </tr> </table>		a. Federal	\$	100,000 ⁰⁰	b. Applicant	\$	⁰⁰	c. State	\$	101,087 ⁰⁰	d. Local	\$	⁰⁰	e. Other	\$	98,913 ⁰⁰	f. Program Income	\$	⁰⁰	g. TOTAL	\$	300,000 ⁰⁰	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 1/13/2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	100,000 ⁰⁰																						
b. Applicant	\$	⁰⁰																						
c. State	\$	101,087 ⁰⁰																						
d. Local	\$	⁰⁰																						
e. Other	\$	98,913 ⁰⁰																						
f. Program Income	\$	⁰⁰																						
g. TOTAL	\$	300,000 ⁰⁰																						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																						
a. Authorized Representative Prefix: Mr. First Name: Gary Middle Name: Last Name: Kukkola Suffix:																								
b. Title Deputy Director, American River Parkway		c. Telephone Number (give area code) (916) 875-6283																						
d. Signature of Authorized Representative 		e. Date Signed 9/15/2004																						

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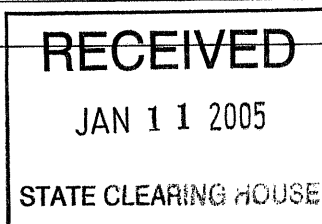
 Standard Form 424 (Rev.9-2003)
 Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED January 5, 2005		Applicant Identifier																						
		3. DATE RECEIVED BY STATE		State Application Identifier																						
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier																						
5. APPLICANT INFORMATION																										
Legal Name:			Organizational Unit:																							
City of California City			Department:																							
Organizational DUNS: 072943616			Division:																							
Address:			Name and telephone number of person to be contacted on matters involving this application (give area code)																							
Street: 21000 Hacienda Blvd			Prefix: Mr.		First Name: Tom																					
City: California City			Middle Name																							
County: Kern			Last Name Weil																							
State: CA		Zip Code 93505	Suffix:																							
Country: USA			Email: weitl@ccis.com																							
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;">95-2408763</div>			Phone Number (give area code) 760-373-4867		Fax Number (give area code) 760-373-4869																					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			7. TYPE OF APPLICANT: (See back of form for Application Types) Municipal Other (specify)																							
Other (specify)			9. NAME OF FEDERAL AGENCY: Federal Aviation Administration																							
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">20-106</div>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Engineering/Rehabilitation of Fuel Farm/Land Acquisition																							
TITLE (Name of Program): Airport Improvement Program																										
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): California City, Kern County, California																										
13. PROPOSED PROJECT Start Date: 05/30/05 Ending Date: 08/30/05			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 21st b. Project 21st																							
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td style="text-align: right;">1,000,000⁰⁰</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">5,000⁰⁰</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">50,000⁰⁰</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">⁰⁰</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">⁰⁰</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">⁰⁰</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">1,055,000⁰⁰</td> </tr> </table>			a. Federal	\$	1,000,000 ⁰⁰	b. Applicant	\$	5,000 ⁰⁰	c. State	\$	50,000 ⁰⁰	d. Local	\$	⁰⁰	e. Other	\$	⁰⁰	f. Program Income	\$	⁰⁰	g. TOTAL	\$	1,055,000 ⁰⁰	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: January 10, 2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Federal	\$	1,000,000 ⁰⁰																								
b. Applicant	\$	5,000 ⁰⁰																								
c. State	\$	50,000 ⁰⁰																								
d. Local	\$	⁰⁰																								
e. Other	\$	⁰⁰																								
f. Program Income	\$	⁰⁰																								
g. TOTAL	\$	1,055,000 ⁰⁰																								
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																										
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																										
a. Authorized Representative																										
Prefix Mr.		First Name William		Middle Name W.																						
Last Name Way		Suffix																								
b. Title City Manager		c. Telephone Number (give area code) 760-373-7170																								
d. Signature of Authorized Representative		e. Date Signed January 5, 2005																								

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**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 12/28/2004		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION																							
Legal Name: CITY OF WATSONVILLE		Organizational Unit: Department: REDEVELOPMENT AND HOUSING																					
Organizational DUNS: 03-041-4994		Division:																					
Address: Street: PO BOX 50000 City: WATSONVILLE County: SANTA CRUZ State: CALIFORNIA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Middle Name: ERNESTO First Name: MARIO Last Name: MALDONADO Suffix:																					
Zip Code: 95077-5000		Email: mmaldona@ci.watsonville.ca.us																					
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000451																							
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C-Municipal Other (specify)																					
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-773		9. NAME OF FEDERAL AGENCY: USDA Rural Development																					
TITLE (Name of Program): RBOG - RURAL BUSINESS OPPORTUNITY GRANT		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: WATSONVILLE ECONOMIC DEVELOPMENT STRATEGY																					
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CITY OF WATSONVILLE		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 17TH DISTRICT b. Project: 17TH DISTRICT																					
13. PROPOSED PROJECT Start Date: 7/1/2004 Ending Date: 6/30/2005		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 12/28/2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																					
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>50,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>25,000.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>75,000.00</td> </tr> </table>		a. Federal	\$	50,000.00	b. Applicant	\$	25,000.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	75,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
a. Federal	\$	50,000.00																					
b. Applicant	\$	25,000.00																					
c. State	\$.00																					
d. Local	\$.00																					
e. Other	\$.00																					
f. Program Income	\$.00																					
g. TOTAL	\$	75,000.00																					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																							
a. Authorized Representative Prefix: Carlos Last Name: Palacios Title: City Manager		Middle Name: J. Suffix: c. Telephone Number (give area code): (831) 728-6011 d. Date Signed: 12/28/2004																					

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 JAN 11 2005
 STATE CLEARING HOUSE

 Standard Form 424 (Rev.9-2003)
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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 12/28/2004	Applicant Identifier	
<input checked="" type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: City of Watsonville		Organizational Unit: Department: Redevelopment and Housing		
Organizational DUNS: 03-041-4994		Division: Redevelopment		
Address: Street: P.O. Box 50000		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Jackie		
City: Watsonville		Middle Name		
County: Santa Cruz		Last Name Ventura		
State: California		Suffix:		
Zip Code 95077		Email: jventura@ci.watsonville.ca.us		
Country: USA		Phone Number (give area code) (831) 728-6014		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000451		Fax Number (give area code) (831) 763-4114		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769		9. NAME OF FEDERAL AGENCY: USDA Rural Development		
TITLE (Name of Program): RBEG - Rural Business Enterprise Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Westside Open Culvert Improvement Project		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Watsonville		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 17th b. Project 17th		
13. PROPOSED PROJECT Start Date: 8/01/2004 Ending Date: 06/30/2005		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 12/28/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING: a. Federal \$ 99,000.00 b. Applicant \$ 99,000.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 198,000.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative Prefix Mr. First Name Carlos Middle Name J. Last Name Palacios Suffix b. Title City Manager c. Telephone Number (give area code) (831) 728-6014 d. Signature of Authorized Representative e. Date Signed 12/28/2004				

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RECEIVED
JAN 11 2005
STATE CLEARING HOUSE

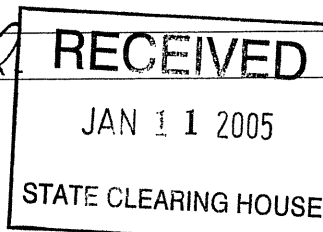
APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 12/28/04	Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: City of Watsonville		Organizational Unit: Department: Redevelopment and Housing		
Organizational DUNS: 03-041-4994		Division: Redevelopment		
Address: Street: P.O. Box 50000		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Jackie		
City: Watsonville		Middle Name		
County: Santa Cruz		Last Name Ventura		
State: California	Zip Code 95077-5000	Suffix:		
Country: USA		Email: jventura@ci.watsonville.ca.us		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000451		Phone Number (give area code) (831) 728-6014		Fax Number (give area code) (831) 763-4114
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-769		9. NAME OF FEDERAL AGENCY: USDA Rural Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Watsonville		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Second Street Off-site Improvement Project		
13. PROPOSED PROJECT Start Date: 8/1/2004 Ending Date: 09/30/05		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 17th b. Project 17th		
15. ESTIMATED FUNDING: a. Federal \$ 99,000 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 99,000		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 12/28/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
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a. Authorized Representative Prefix Mr. First Name Carlos Last Name Palacios		Middle Name J. Suffix		
b. Title City Manager		c. Telephone Number (give area code) (831) 728-6014		
d. Signature of Authorized Representative		e. Date Signed 12/28/2004		

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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED Sept. 15, 2004		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Redwood Community Action Agency			Organizational Unit: Department:		
Organizational DUNS: 120803853			Division:		
Address: Street: 904 G Street			<div style="border: 2px solid black; padding: 10px; text-align: center;"> RECEIVED JAN 10 2005 STATE CLEARING HOUSE </div>		
City: Eureka					
County: Humboldt					
State: California					
Zip Code 95501			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr.		
Country: USA			First Name: Don		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px;"> 9 4 - 2 6 4 6 3 7 0 </div>			Middle Name G		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) non-profit		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px;"> 1 1 - 4 6 3 </div>			9. NAME OF FEDERAL AGENCY: National Oceanic and Atmospheric Association		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: McDaniel Slough Estuary and Wetland Restoration Project		
13. PROPOSED PROJECT Start Date: October 1, 2005			14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA#1		
Ending Date: September 30, 2007			b. Project CA#1		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	211,507 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: January 7, 2005		
b. Applicant	\$	3,800 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	100,000 ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	107,707 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	⁰⁰			
g. TOTAL	\$	423,014 ⁰⁰			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Lloyd		Middle Name	
Last Name Throne				Suffix	
b. Title Executive Director		c. Telephone Number (give area code) 707-269-2005			
d. Signature of Authorized Representative		e. Date Signed			

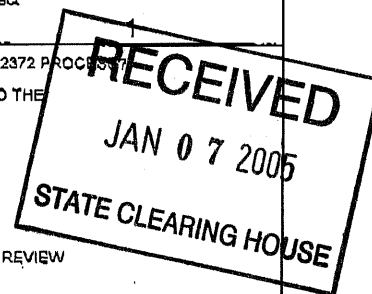
APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <u>Application</u> <u>Pre-application</u> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED January 4, 2005	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier F-115-B
5. APPLICANT INFORMATION			
Legal Name: STATE OF CALIFORNIA		Organizational Unit: Department of Fish and Game	
Address (give city, county, state and zip code): Dept. of Fish & Game - Fisheries Programs Branch 1812 Ninth Street Sacramento, CA 95814		Name and telephone number of the person to be contacted on matters involving this application (give area code): Carolyn Murata (916) 445-3559	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567		7. TYPE OF APPLICANT: (enter appropriate letter: <u>A</u>): A. State H. Independent School Dist. B. County I. State Controlled Instruction C. Municipal of Higher Learning D. Township J. Private University E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605 TITLE: Sport Fish Restoration Act		9. NAME OF FEDERAL AGENCY: U.S. Department of the Interior U.S. Fish and Wildlife Service	
12. / AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Sonoma County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Motorboat Access Enhancement Project for Monte Rio Fishing Access Improvements. Project Narrative attached.	
13. PROPOSED PROJECT: Start Date: 01/ /05 Ending Date: 12/31/2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project	
15. ESTIMATED FUNDING: a. Federal \$125,100.00 b. Applicant c. State \$41,700.00 d. Local e. Other f. Program Income g. TOTAL \$166,800.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: Date: <u>1-07-05</u> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
		17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes", attach an explanation <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Renee Renwick		b. Title: Deputy Director, Admin.	c. Telephone Number (916) 653-4633
d. Signature of Authorized Representative <i>Renee Renwick</i>		e. Date Signed 1/7/05	
Approved for the Secretary of the Interior		Title:	Date:
Signature			

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APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 10/15/04	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY OCT 13 2004	Federal Identifier 04-023-0680259045
5. APPLICANT INFORMATION			
Legal Name: MENDOCINO COMMUNITY HEALTH CLINIC, INC.		Organizational Unit:	
Address (give city, county, state, and zip code): 333 Laws Avenue, Ukiah CA 95482		Name and telephone number of person to be contacted on matters involving this application (give area code) Linnea Ritter-Hunter	
6. EMPLOYER IDENTIFICATION (EIN): 6 8 - 0 2 5 9 0 4 5		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award c. Increase Duration D. Decrease Duration Other (specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Internunicipal M. Profit Organization G. Special District N. Other (Specify) NON-PROFIT	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 7 6 6 TITLE:		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.) Mendocino and Lake County, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Remodel and new construction of Hillside Clinic Facility	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 1/1/05	Ending Date 6/30/06	a. Applicant 1	b. Project 1
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 2,150,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 1/4/05 b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$		
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. Total	\$ 2,150,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES (Attach explanation) <input checked="" type="checkbox"/> NO	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Linnea Ritter-Hunter		b. Title Executive Director	c. Telephone Number (707) 472-4511
d. Signature of Authorized Representative Linnea Ritter-Hunter		e. Date Signed 10-12-04	

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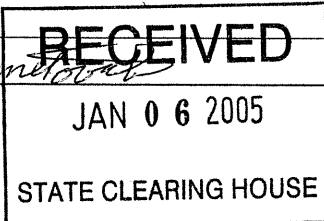
STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Arvin Community Services District		Organizational Unit: Department:	
Organizational DUNS: 07-019-9070		Division:	
Address: Street: P.O. Box 333		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Raymond	
City: Arvin		Middle Name	
County: Kern		Last Name Kincy	
State: California	Zip Code 93203	Suffix:	
Country: United States of America		Email: rekacsd@aol.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6005995		Phone Number (give area code) 661/854-2127	Fax Number (give area code) 661/ 854-8230
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) G Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760		9. NAME OF FEDERAL AGENCY: USDA/Rural Development	
TITLE (Name of Program): Water & Waste Disposal Loan & Grant Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Edmundson Acres Water Project: The annexation, design & construction of new water transmission and distribution lines, water services, fire hydrants and related improvements in the Edmundson Acres community. These improvements will replace the community's Arsenic contaminated water water supply.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Arvin CSD & Edmundson Acres service area, Kern County, California		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 20th b. Project 20th	
13. PROPOSED PROJECT Start Date: June 1, 2005 Ending Date: June 1, 2006		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: January 7, 2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$ 797,544.00		
b. Applicant	\$.00		
c. State	\$.00		
d. Local Edmundson Acres MWC	\$ 4,000.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 801,544.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name Steve	Middle Name	
Last Name Franetovich		Suffix	
b. Title President, Arvin Community Services District		c. Telephone Number (give area code) (661) 854-2127	
d. Signature of Authorized Representative <i>Steve Franetovich</i>		e. Date Signed	

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APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 10/15/04	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY OCT 13 2004	Federal Identifier 04-023-0680259045

TYPE OF SUBMISSION:

<input type="checkbox"/> Application	<input type="checkbox"/> Preapplication
<input type="checkbox"/> Construction	<input checked="" type="checkbox"/> Construction
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction

5. APPLICANT INFORMATION

Legal Name: Mendocino Community Health Clinic, Inc.	Organizational Unit:
Address (give city, county, state, and zip code): 333 Laws Avenue, Ukiah CA 95482	Name and telephone number of person to be contacted on matters involving this application (give area code) Linnea Ritter-Hunter (707)472-4511

6. EMPLOYER IDENTIFICATION (EIN):

6	8	-	0	2	5	9	0	4	5
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8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in

A. Increase Award B. Decrease Award c. Increase Duration
D. Decrease Duration Other (specify):

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State	H. Independent School Dist.
B. County	I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (Specify)

N

9. NAME OF FEDERAL AGENCY:

USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1	0	-	7	6	6
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TITLE: **Community Health Center 330**

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)

Mendocino and Lake County, CA

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

**Remodel and new construction of
Lakeport Clinic Facility**

13. PROPOSED PROJECT

Start Date 1/2/05	Ending Date 6/30/05
----------------------	------------------------

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant
1

15. ESTIMATED FUNDING

a. Federal	\$	1,344,000.00
b. Applicant	\$	200,000.00
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. Total	\$	1,544,000.00

b. Project

1

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

☒ YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE **1/4/2005**

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

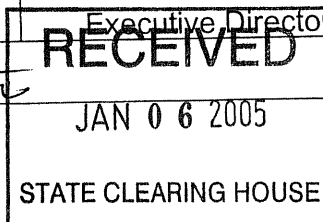
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES (Attach explanation) ☒ NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Linnea Ritter-Hunter	b. Title Executive Director	c. Telephone Number (707) 472-4511
d. Signature of Authorized Representative <i>Linnea Ritter-Hunter</i>	e. Date Signed 10-12-04	

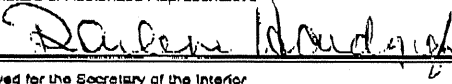
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APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED December 21, 2004		Applicant Identifier	
<u>Application</u> <u>Pre-application</u> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier F-113-B Amendment #2	
5. APPLICANT INFORMATION					
Legal Name: STATE OF CALIFORNIA			Organizational Unit: Department of Fish and Game		
Address (give city, county, state and zip code): Dept. of Fish & Game - Fisheries Programs Branch 1812 Ninth Street Sacramento, CA 95814			Name and telephone number of the person to be contacted on matters involving this application (give area code): Carolyn Murata (916) 445-3559		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567			7. TYPE OF APPLICANT: (enter appropriate letter: A):		
8. TYPE OF APPLICATION:			A. State M. Independent School Dist. B. County I. State Controlled Institution C. Municipal of Higher Learning D. Township J. Private University E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input checked="" type="checkbox"/> E			A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605 TITLE: Sport Fish Restoration Act			9. NAME OF FEDERAL AGENCY: U.S. Department of the Interior U.S. Fish and Wildlife Service		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Lassen County			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Motorboat Access Enhancement Project for Eagle Lake Fishing Access Improvements. To recover pre-agreement costs for Engineering, Design & Inspection. No changes in costs.		
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 5/12/2003	Ending Date 12/31/2005	a. Applicant 3		b. Project 2	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$2,355,849	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: Date: 12-31-04			
b. Applicant		b. NO. _____ PROGRAM IS NOT COVERED BY E.O. 12372 _____ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$785,284	17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT?			
d. Local		____ Yes If "Yes", attach an explanation <input checked="" type="checkbox"/> No			
e. Other					
f. Program Income					
g. TOTAL	\$3,141,133				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative Renee Renwick		b. Title: Deputy Director, Admin.		c. Telephone Number (916) 653-4633	
d. Signature of Authorized Representative 		e. Date Signed 12/24/04			
Approved for the Secretary of the Interior Signature		Title:		Date	

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**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: City of Newman, CA		Organizational Unit: Department:	
Organizational DUNS:		Division:	
Address: Street: 1162 Main Street		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: John	
City: Newman		Middle Name Charles	
County: Stanislaus		Last Name French	
State: CA	Zip Code 95360	Suffix:	
Country: USA		Email: jfrench@cityofnewman.com	

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
94-6000381

Phone Number (give area code) (209) 862-3725	Fax Number (give area code) (209) 862-3199
---	---

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
 If Revision, enter appropriate letter(s) in box(es)
 (See back of form for description of letters.)
 Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)
C
Other (specify)

9. NAME OF FEDERAL AGENCY: USDA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
10-766
TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Purchase of Fire Rescue Truck.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
City of Newman, CA

13. PROPOSED PROJECT
 Start Date: 1-1-05 Ending Date: 6-30-05

15. ESTIMATED FUNDING:	14. CONGRESSIONAL DISTRICTS OF:
a. Federal \$ 16,500.00 b. Applicant \$ 38,500.00 c. State \$.00 d. Local \$.00 e. Other \$ 55,000.00 f. Program Income \$.00 g. TOTAL \$ 110,000.00	a. Applicant 18th b. Project 18th 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 12/20/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative		
Prefix	First Name John	Middle Name Charles
Last Name French		Suffix
b. Title City Manager		c. Telephone Number (give area code) (209) 862-3725
d. Signature of Authorized Representative <i>John C. French</i>		e. Date Signed 12/10/04

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